

This application will be used by Weaver Markets Management to ensure that proper employment is found, both for the company and the applicant. This information will be held with the strictest confidence, please fill out the entire form neatly and correctly.

\*Minimum age is 16 years. Applications will be held for 60 days.

Failure to fill out the entire form may result in the application being dismissed.

#### PERSONAL INFORMATION

Name:			
Street:			
City:	State:		
County:	Zip Code:		
Email Address:	Phone #:		
Are you legally authorized to work in the U	nited States?	Yes	No
Do you have any relation at Weaver Markets	Yes	No	
If yes please list them:			
How were you referred to us:			
Are you at least 18 years of age or older?		Yes	No
If not, please list your date of birth:		•	ired to submit a
Have you ever applied at Weaver Markets be		Yes	quired by law) No
Have you ever worked for Weaver Markets l	before?	Yes	No

### AN EQUAL OPPORTUNITY EMPLOYER

Weaver Markets is an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, veteran status, or any other legally protected group.

## EMPLOYMENT INTEREST & AVAILABILITY

<u>Division applied for</u> :	Blainspo	ort Adams	stown No	own No Preference			
Type of work: Food Prep	Front E	nd Janitor	al Stocking		No Preference		
Department(s) applied for:							
Date you can start:		Rate o	f Pay expe	cted			
	FT FT only No Preference # hours/week						
Please chec							
Availability	MON	TUE	WED	THU	FRI	SAT	
6 am to 11 am							
11 am to 4 pm							
4 pm to 9 pm							
9 pm to 3 am Janitorial shift works Sun not Sat							
	E	DUCAT	ION				
School name & city/state		Pates Attended	Presently in School		Graduated	GPA	
High School			FR JR	SO SR	Yes/No		
College			FR JR	SO SR	Yes/No		
Trade School			FR SO YO		Yes/No		
School Activities/Sports	<b>.</b>						

#### PERSONAL REFERENCES

#### Please list three personal/business references (may not be relation) Name Years known 1) City State Phone # Occupation Employer How do you know this individual? 2) Name Years known City State Phone # Employer Occupation How do you know this individual? 3) Name Years known City State Phone # Employer Occupation How do you know this individual? Do you know anyone who works (or worked) at Weaver Markets?

# WORK EXPERIENCE

Dates Employed Beginning-End	Name, City, Phone # of Employer	Manager's Name	Wage	Position & Responsibilities	Reason(s) for Leaving		
Any Retail experie	nce? Yes No	If yes, lis	t Employe	r, Dates worked and Responsibiliti	es		
Any Food Prep experience Yes No If yes, list Employer, Dates worked and Responsibilities							
-	employed? Yes n discharged from an eer, Date and Reason		If so may v Yes N	, 1 ,	Yes No		
		ormation abou	ut me from	n my previous employers, schools a	and credit		
sources. I authoriz		ers, schools t	hat I have	attended and all credit sources to d			
				ne and complete. I understand that unds for immediate discharge.	if I am hired,		
				finite period and may, regardless o or without cause or prior notice.	f the date of		
My signature below understood and agr		ormation in th	is applicat	ion is correct and accurate and that	I have read,		
Signature	of Applicant			Date			